

DISTRICT OF COLUMBIA

LEAD-BASED PAINT MANAGEMENT PROGRAM

ACCREDITATION

OF

TRAINING PROVIDERS/COURSES

APPLICATION BOOKLET

February 2005

GOVERNMENT OF THE DISTRICT OF COLUMBIA

**Department of Health
Environmental Health Administration**

Lead Poisoning Prevention Division

Bureau of Hazardous Material
and Toxic Substances



February 22, 2005

Dear Training Provider:

The District of Columbia's Lead Poisoning Prevention Division is encouraging training providers to seek District of Columbia accreditation for lead-based paint training courses. The District of Columbia's Act 11-438 of 1996, "The Lead-Based Paint Abatement and Control Act" became effective November 20, 1996. On January 2, 1998, Act 11-438 became D.C. Law 11-221. All lead training courses given in the District of Columbia must be accredited and in compliance with D.C. Law 11-221 which regulates the work practice standards for conducting lead-based paint activities in the District of Columbia. Fees are not imposed for accreditation of nonprofit training programs. For training courses given outside of the District of Columbia to be fully accepted as meeting the District's training requirements, the course must have been accredited by the District. If the course has not been accredited by the District it may only be considered as partially meeting training requirements under reciprocity and a candidate would still be required to take a District accredited refresher course before becoming eligible to take the District's third party exams for certification.

The District of Columbia's Lead-Based Paint Management Program includes all disciplines: Inspectors, Risk Assessors, Supervisors, Project Designers and Abatement Workers. The Abatement Workers courses may be accredited for both English and Spanish course offerings. Training providers are also encouraged to offer the new Dust Sampling Technician course, the Maintenance Training course, and the Renovation, Remodeling, and Painting course. Students seeking licensing/certification in the District of Columbia who are taking or have taken courses which are unaccredited by the District of Columbia are spending funds for courses which may not fulfill District training requirements. Training providers advertising such course offerings as meeting District of Columbia requirements may be subject to enforcement action.

Copies of the District's Lead Application Booklets are enclosed for your information and use in tailoring course offerings to include District specific regulations and requirements should you wish to seek District of Columbia accreditation to provide training courses to prepare applicants to meet District certification requirements. Training course accreditation application forms are also included in the enclosure. If you have any questions, please do not hesitate to contact this office at (202) 535-1934 between the hours of 8:30 A.M. to 4:30 P.M., Monday through Friday (except holidays) or contact our Lead HOTLINE on 1-877-338-0364. We look forward to working with you.

Sincerely,

Robert Hamilton, Ph.D.
Interim Program Manager
Lead-Based Paint Management Program

Enclosure

RH/ca

DISTRICT OF COLUMBIA CERTIFICATION, ACCREDITATION, TESTING, PERMITTING & NOTIFICATION REQUIREMENTS

Rev. 2/22/05

LEAD ABATEMENT TRAINING COURSE HOURS		
		COMMENTS
Inspector (hands-on)	24 hours 8 hours	Certification Fee: \$300 per two years
Risk Assessor (hands-on)	16 hours 4 hours (Inspector + 16 hours)	Certification Fee: \$300 per two years
Supervisor (hands-on)	32 hours 8 hours	Certification Fee: \$300 per two years
Project Designer (hands-on)	8 hours (Supervisor + 8 hours)	Certification Fee: \$300 per two years
Worker (hands-on)	16 hours 8 hours	Certification Fee: \$60 per two years
SCOPE OF ENFORCEMENT		
Target Housing/Child Occupied Facilities	Yes	
Bridges/Structures	Yes	Certified contractor, supervisor and workers are required.
Abatement Project/Commercial (stores/offices)	Yes	Special attention to private schools, churches, museums, recreational facilities, institutional facilities, etc. frequented by children
Federal & District Government Facilities/Public Schools	Yes	A permit fee is assessed. Permit/Notification required. Certification of employees, supervisors & contractor/business is required.
Permit/Notification	Yes, at least ten (10) business days prior to start of work	Fee: \$40 plus 3% of abatement contract
THIRD PARTY EXAMINATION		
Inspector	Yes	Passing scores of 70 or better are required.
Supervisor	Yes	Passing scores of 70 or better are required.
Risk Assessor	Yes	Passing scores of 70 or better are required.
Project Designer	No	Third party exam is not required.
Worker	No	Third party exam is not required.
PHOTO I.D.'S FOR CERTIFICATION		
Individual Disciplines	Yes	Photos are taken at time of in person application unless permission is granted for nonstandard application.
Business Entity: (Contractor/Consultant)	No	Certification Fee: \$300 per year
INSURANCE LIABILITY		
Risk Assessor	Yes	Required.
Business Entity	Yes	Required at permitting for contractors and at certification for consultants and firms and if performing clearance testing.
EXEMPTIONS		
Homeowner/Owner Occupied	Yes	Individuals who perform lead hazard control activities at residences which they own <u>unless the residence is occupied by a non-owner or non-immediate family member(s) or a child age six or younger resides or frequently visits subject property</u> are exempt. Activities involving owner-contractor agreements with the intent to permanently abate lead are non exempt.
Homeowner with elevated blood lead level child	No	Owner must utilize a certified contractor.
Elderly *	Yes	* Elderly column refers to housing specifically for the elderly- Housing for the elderly or persons with disabilities; unless any child age six or under resides, is expected to reside in or regularly visits such housing.
Elderly with elevated blood lead level child	No	A certified contractor must be used.
Zero Bedroom Residential Unit	Yes	A unit such as an efficiency apartment, dormitory, etc., is exempt.
Built after 1978	Yes	
DEFINITION OF LEAD-BASED PAINT & FREQUENTLY ASKED QUESTIONS		
1.0 mg/cm ²	Yes	
Clearance levels for lead in dust are 40 µg/ft ² for floors, 250 µg/ft ² for interior window sills, and 400 µg/ft ² for window troughs.	Yes (Clearance levels)	Soil hazard levels: 400 ppm or greater in play areas or in the rest of the yard (non play areas) when 1,200 ppm or greater.
(Must an applicant seeking reciprocity from another Region III State take a Refresher Course from a D.C. Accredited Training Provider in order to get certified in D.C.)		
Individual Disciplines	Yes	If applicant has not received training from a D.C. accredited provider, then a D.C. refresher will be required.
(Must an applicant certified from another Region III State take a 3 rd Party Exam from a District of Columbia Exam Provider as part of getting certified in D.C.)		
Individual Disciplines (inspector, supervisor, & risk assessor)	Yes	The two part: discipline exam and the D.C. specific exam are required. If it is determined that an applicant's initial exam is equivalent to D.C.'s core exam, then only the D.C. specific exam would be required.

Instructions for Completing the Lead Training Provider Application

Disclosure Notice

As a prospective D.C. accredited training provider, you are required by D.C. Law to provide accurate information in seeking lead-training accreditation in the District of Columbia. False or inaccurate information could jeopardize your training provider accreditation.

I. General Applicant Information

Please supply the official name of your company as it appears in your Articles of Incorporation, official documents or public telephone directory, etc. Your mailing address should include a physical site where your business is housed, conducted and where you receive your official mail. Please indicate by a check mark the type of company or business you're classified as: corporate, individual or partnership. If there is a different address than indicated in the initial mailing address, please supply an alternate location, which includes the city, state and zip code. If you have corporate designation, please provide number included in Articles.

II. Training Manager Information

A training manager's experience and training should conform to the requirements for training managers as outlined in federal rules and regulations governing lead certification and training.

III. Application Information (as identified in Section I above)

Information requested pertains to information you supplied in Section I. You are also requested to provide information as to whether you have been accredited in other states or government municipalities to conduct lead training or whether you retain affiliation with other organizations that have been accredited to perform lead training. You should list courses you have been accredited to provide training.

IV. Applicant's History of Legal Actions

If anyone identified in this application has been the subject of or has pending disciplinary or illegal actions against them, this includes suspensions, citations, violations incurred by an administrative, governmental or regulatory agency. These agencies include OSHA, EPA, DCDOL, DCDEP, DCDCA and DCDOH and other established regulatory/government entities. You should provide accurate requested information.

V. Applicant Statement and Signature

You, as applicants, are affirming that information requested and supplied by you is true and accurate to the best of your knowledge. If you have exercised deceit, you are liable for punishment and/or fines as delineated in the rules and regulations governing certification application in the District of Columbia. In addition, false information could trigger an accreditation denial in the District of Columbia, as stipulated in the initial disclosure notice.

Mail applications to: Department of Health
Environmental Health Administration
Bureau of Hazardous Material and Toxic Substances
Lead Poisoning Prevention Division
51 N Street, N.E., 3rd Floor
Washington, D.C. 20002
Attention: Ms. Denise Newton



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health
Environmental Health Administration
Bureau of Hazardous Material and Toxic Substances
Lead Poisoning Prevention Division
51 N Street, N.E., 3rd Floor
Washington, D.C. 20002

LEAD TRAINING PROVIDER APPLICATION

I. General Applicant Information

[] Government [] Non-profit [] Other, specify
Name of Company: _____ Type of Company: [] Corporate [] Individual [] Partnership
Mailing Address: _____ City: _____ State: _____ Zip Code: _____
Is the street address of agency different than above address? [] No [] Yes If yes, the following must be completed:
Street Address: _____ City: _____ State _____ Zip Code: _____
Business Telephone Number: _____ Fax Number: _____ Federal Employer I.D. Number: _____
Corporation Number (if applicable): _____ Date Incorporated: _____ State Incorporated In : _____

II. Training Manager Information

Name: _____ Telephone: _____ Position and/or Title with Company: _____
Address: _____ City: _____ State: _____ Zip code: _____

III. Applicant Information (As Identified in Section I Above):

How long has the company/agency been in existence? Years _____ Months _____
Has applicant's name changed within the past two (2) years? [] No [] Yes If yes, former name: _____
Is applicant approved by any federal, state or municipal office to conduct lead training?
[] No [] Yes **If yes, please attach a list of all approved courses, original date of approval and the approving authority.**

LPPD Control Number _____

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Is applicant is an affiliate or a subsidiary of any other organization(s)? ☐ No

☐ Yes

If yes, name(s) and address(es) of related organization(s) and relationship

Name: _____ Address: _____ Relationship: _____

List all owners, partners, shareholders (10% or more), officers and directors of the company below:

Name: _____ Office or Title Held: _____ % Ownership: _____

IV. *Applicant's History of Legal Actions*

If you answer “Yes” to any of the following questions, you must provide a detailed statement to fully explain the circumstances and attach statement to application.

Has/Is the applicant (identified in Section I) or any persons identified on this application:

- | | | | |
|----|--|-----------------------------|------------------------------|
| a. | Been subject or has pending any disciplinary action(s), suspension(s), or citation(s) of violation(s) by any administrative, governmental or regulatory agency, including but not limited to OSHA, EPA, DCDOL, DCDEP, DCDCA and DCDOH? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| b. | Now or has been subject to any order resulting from any criminal, civil or administrative proceedings against such company, persons or parties by any administrative, governmental or regulatory agency? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| c. | Been denied any license/certification/approval or had it suspended or revoked by any administrative, governmental or regulatory agency? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| d. | Been disbarred, suspended or disqualified or failed inspection for training by any federal, state or municipal agency? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| e. | Been a defendant in any civil or criminal litigation? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

V. Applicant Statement and Signature

The information contained in this "Lead Training Provider Application" is accurate, true and complete to the best of my knowledge. I understand that if such information contained in this application is false, I am subject to the penalty provisions under D.C. Law 11-221. I understand that this application is subject to verification and that I agree to provide any additional documentation as required. For the same purpose I also understand that outside sources may be contacted and that I do hereby give permission for disclosure of any information which may be needed to determine Certification application validity and/or eligibility. I also understand that failure to provide full disclosure of any information, which may be needed to determine certification application validity and/or eligibility or failure to provide full disclosure of any of the requested or required information may result in rejection of this application for approval. I also understand that completion of this application does not guarantee certification as a lead training agency in the District of Columbia. I am authorized to sign for and in behalf of persons listed as owners, partners, shareholders, officers and directors of the company.

Name (Print): _____ Title: _____

Signature: _____ Date: _____

**TO REPORT WASTE, FRAUD, OR ABUSE BY ANY DC GOVERNMENT OFFICE OR OFFICIAL,
CALL THE INSPECTOR GENERAL ON 1-800-521-1639**

Revised 2/22/05



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health
Environmental Health Administration
Lead Poisoning Prevention Division
Lead-Based Paint Training Course Accreditation

LEAD TRAINING COURSE APPLICATION

FOR OFFICE USE ONLY:	Date Received _____	Amount Received \$ _____	Check Number _____	LPPD Control Number _____
	Nonprofit or Govt.: Yes <input type="checkbox"/> No <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Comments: _____			

PROVIDER INFORMATION:

NAME: _____ MAILING ADDRESS: _____ CITY: _____
STATE: _____ ZIP CODE: _____ TELEPHONE NUMBER: _____ FAX NUMBER: _____

FEE SCHEDULE: (These fees are non-refundable)

<u>Category</u>	<u>Initial Fee Amount</u>	<u>Refresher Fee Amount</u>	<u>Miscellaneous Courses and Fees</u>
Inspector	<input type="checkbox"/> \$1,200/yr	<input type="checkbox"/> \$400/yr	Spanish Worker Initial <input type="checkbox"/> \$ N/A
Risk Assessor	<input type="checkbox"/> \$ 800/yr	<input type="checkbox"/> \$400/yr	Spanish Worker Refresher <input type="checkbox"/> \$ N/A
Supervisor	<input type="checkbox"/> \$1,600/yr	<input type="checkbox"/> \$400/yr	Lead-Based Paint Maintenance <input type="checkbox"/> \$ N/A
Project Designer	<input type="checkbox"/> \$ 400/yr	<input type="checkbox"/> \$200/yr	Lead-Based Paint Remodelers <input type="checkbox"/> \$ N/A
Abatement Worker	<input type="checkbox"/> \$ 800/yr	<input type="checkbox"/> \$400/yr	and Renovators
Reciprocity Accreditation	SAME AS ABOVE	SAME AS ABOVE	Dust Sampling Technician <input type="checkbox"/> \$ N/A
Returned Check Fee	\$ 25	\$ 25	
Total Remittance \$ _____ Please make check/money order payable to: The D.C. Treasurer . DO NOT SEND CASH. Within any calendar year, cumulative course accreditation fee shall not exceed \$5,000 for an individual training provider.			

RECIPROCITY INFORMATION: Have you received accreditation from the Environmental Protection Agency (EPA) or a State other than the District of Columbia for the course(s) on this application? Please check the appropriate boxes. If you answered yes, please list the course(s) and attach documentation.

EPA YES ☐ NO ☐ Another State YES ☐ NO ☐

Course(s) _____ Name of State _____

I certify that the information in this application is accurate and that all accredited courses will comply with all regulations.

Sponsor's Signature _____ Date _____

Contact(s) _____ Or _____

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Revised 2/22/05

**DISTRICT OF COLUMBIA GOVERNMENT
DEPARTMENT OF HEALTH**

CERTIFICATION

TO THE APPLICANT: PLEASE READ CAREFULLY AND COMPLETELY BEFORE SIGNING. A FALSE STATEMENT ON THIS CERTIFICATION REQUIRES THAT THE DEPARTMENT PROCEED IMMEDIATELY TO REVOKE THE LICENSE OR PERMIT FOR WHICH YOU ARE NOW APPLYING, AND FINE YOU \$1,000.00. THIS CERTIFICATION IS REQUIRED BY THE "CLEAN HANDS BEFORE RECEIVING A LICENSE OR PERMIT ACT OF 1996," (EFFECTIVE MAY 11, 1996, D.C. LAW 11-118, D.C. CODE § 47-2861 ET SEQ.).

I, _____, certify that as of _____, I do not
PRINT NAME CLEARLY *DATE*
owe more than \$100.00 to the District of Columbia government as a result of:

1. Fines, penalties or interest assessed pursuant to the Litter Control Administration Action of 1985, effective March 25, 1986 (D.C. Law 6-100; D.C. Code §6-2901 et seq.);
2. Fines, penalties or interest assessed pursuant to the Illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (D.C. Law 10-117; D.C. Code §6-2911 et seq.);
3. Fines, penalties or interest assessed pursuant to the Department of Consumer and Regulatory Affairs Civil Infractions act of 1985, effective October 5, 1986 (D.C. Law 6-42; D.C. Code §6-2701 et seq.); or
4. Past due taxes.

I understand that if I knowingly falsify this Certification, the Department will move to revoke the license or permit for which I am applying, and to fine me \$1,000.00. I further understand that the Department may conduct an investigation to ascertain the veracity of this certification.

I understand that this Certification is now required as documentation to accompany my application for a license or permit, and that by completing this Certification, I am not guaranteed that my license or permit will be approved.

SIGNATURE OF APPLICANT

TITLE

